certificate.

See instructions on back of

TION is very important.

mation show B.-WRITE P

of OCCUPA.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH			
County Howard	Registration Dist. No	191190	
Village or City_Illchester_Md	NoSt.,	Ward	
Length of residence In city or town where death occurredyrs	(If death occurred in a horpital or institution, give its NAME instead of street at		
2. FULL NAME Hatch Cook			
(a) Residence: No. Illchester			
(a) Residence: No(Usual place of abode)	St., Ward. If nonresident give city or town	and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	1	
3. SEX 4. COLOR OR RACE M 4. COLOR OR RACE OR DIXORCED (word the word)	21. DATE OF DEATH 6-16-35 (Month) (Dey)	, 193	
5e. If married, widowed, or divorced HUSBAND of			
HUSBAND of Anna M Cook	22. I HEREBY CERTIFY, That I ettend		
3004	Inquiry 19 to		
6. DATE OF BIRTH (month, day, and year) November 1864 7. AGE Years Months Devs If LESS tha	I lest saw h alive on	; death is said	
7. AGE Years Months Deys If LESS that I day,			
101	were as follows:	Date of onset	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etcAuditor Retire	d Gun Shot wound in left		
9. Industry or husiness in which	brest	6-16	
work was done, as SILK MILL, SAW MILL, BANK, etc	Dresc	0-10	
10. Date deceased last worked at this occupation (month end 1910 year)	yrs		
as purrupus or City and a Managed as at an D. C.	Other Coutributory Canses of importance:		
12. BIRTHPLACE (city or town) Washington D.C	,		
13. NAME Unknown			
11	Newsoft		
4 14. BIRTHPLACE (city or town)	Name of operation Dete o What test confirmed diagnosis? Was there a	37 -	
15. MAIDEN NAME			
	23. If death was due to external causes (VIOLENCE) fill in elso the follow Accident, suicide, or homicide? Sule 1 de Date of injury 6		
O 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur? Illchester	, 19	
17. INFORMANT Anna M. Gook	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. HOME		
18. BURIAL, CREMATION, OR REMOVALEUTAW	Manner of injury Gun Shot Wound		
Place Mt. Olivet Date 6-18-3519	Nature of injury Left Brest		
19. UNDERTAKER	24. Was disease or injury in any way related to occupation of deceased? If so, specify		
20. FILED June 14, 19 35 Con & Fine & Registra	(Signed) Attuley (0. 18 ranthus)	M. D.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:	4 3 3	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. (If death occurred in a hospital or justitution, give its NAME instead of street and number) How long In U.S. if of foreign birth? ______yrs._____mos. PHYSICIAN (a) Residence: No. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Month) 5a. If married, widowed, or divorced HUSBAND of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months If LESS than 1 day, ____hrs. The PRINCIPAL CAUSE OF DEATH end releted causes of importence 10 or____min. 8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc may back Andustry or business in which work was done, as SILK MILL SAW MILL, BANK, etc..... 11. Total time (ygars) O. Date deceased lest worked at this occupation (month and yeer) ... occupation _ # 12. BIRTHPLACE (city or tow (State or country) HER 13. NAME FAT 14. BIRTHPLACE (city or town) in plain (State or country) efully MOTHER 15. MAIDEN NAME important 23. If death was due to external couses (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?____ 16. BIRTHPLACE (city or town) OF DEATH (State or country) Where did injury occur?____ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 17. INFORMANT 18. BURIAL, CREMATIONS OR REMOVAL Manner of injury CAUSE TION Nature of injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER If so, specify If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balimore, Requesting

BINDING

RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	-	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1 N. B.—

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	942
county Howard Co	Registration Dist. No.
Village or City Javage Med	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or Kown where death occurredwrsmos.	
2. FULL NAME Lais To. Harell	(Etta Harrell)
	St., Ward.
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 28 = 193 33 = (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of	
(or) WIFE of Clean W. Harrell	22. I HEREBY CERTIFY, That I attended decorded from
6. DATE OF BIRTH (month, day, and year) Opril 20 1855	I last saw h aliva on 27 , 19 3 ; death is sald
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated abova, at4 Am.
26 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular	Oate of onset
S. Trade, profession, or particular kind of work dona, as SPINNER Journe Weefe SAWYER, BOOKKEEPER, etc. 9 Midustry or business in which	Lourary Thurston 6/8/3
9 Midustry or business in which work was done, as SILK MILL, SAW MILL, BÄNK, etc	00
0 10. Oata deceased last worked at 1 / 2 (11. Total time (years)	
this occupation (month and 1/2) spant in this occupation	
12. BIRTHPLACE (city or town) / a.	Other Coutributory Causes of Importance:
/ (Stage or country)	Cardin Real disease?
I 13. NAMY Cloyd	
14. BIRTHPLACE (city or town) Las	Name of operation. Oate of Oate of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME / Samell	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicida, or homicide? Date of injury, 19
∑ (State or country)	Where did injury occur?
17. INFORMANT Deach Harrego	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Savage teel.	
18. BURIAL CREMATION, OR REMOVAL Date Luce 30 13 3	Manner of injury
1 1 h	Natura of injury.
19. UNOERTAKER DOYG COLSES	24. Was diseasa or injury in any way related to occupation of deceased?
(Address Xapola Med.	If so, specify
20. FILEO 0 29 72 19 JUANUS Registra	(Signed) M. D. (Address) Savage Wal
	241x N. Charles Street, Baltimore, Requesting U. S. No. 1.

CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

of OCCUPA.

STATE OF MARYLAND	CERTIFICATE OF DEATH 16702
1. PLACE OF DEATH	(37)
County Howard	Registration Dist. No. 191
Village or City Elleratt Cety	No. St., Ward geath occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 7.1 yrsmos.	
2. FULL NAME Thowas Kurby	
(a) Residence: No. Elliot Cete	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	7 (
(or) WIFE of Ely'wheth Kirly.	1 HEREBY CERTIFY. That I attended deceased from
0 113 0/0	19.23, 10
6. DATE OF BIRTH (month, day, and year) 7000 / 3 / 800 / 7. AGE Years Months Days If LESS than	l last saw h, alive on least saled above at 2:35 cm, 19 30; death is said
1 day bre	The PRINCIPAL CAUSE OF DEATH and related causes of importance
75 5 /3 ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc	Da Toutet on 120
9. Industry or business in which	13/11/25
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and 1934 spant in this occupation occupation)	
an att and	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	1 may 1
	A STORES
E	#
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
I	23. If death was due to external causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town) 16. State or country)	Accident, suicide, or homicide? Date of injury, 19
3m. C1' H. / '	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) Elle . The	Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18, BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place It Dhus Date 6 29 193V	Nature of injury.
4A16: 1110	
19. UNDERTAKER (Addiess) Clayett Cale	24: Was disease or injury in any way related to occupation of deceased?
20. FILED June 2 P, 19 55 WHY Kissell Registrar.	(Signed) Le La
	2411 N. Charles Street, Basismore, Requesting V. S. No. 1.

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Example, I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
110001,011 1 - 5			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FUR	THER STATEMENTS BY PHYSIC	CIAN
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(E7)
County Hyward	Registration Dist. No. 17.
Village or City Nast Freewas up	No. St., Ward
Length of residence in city or town where death occurred 45 yrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Louble selby	
(a) Residence No. West Fusually	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Currentles E, Selby	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Muy 17 1858	I last saw hadam alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1.2 P.m.
951 / 9 1day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as phows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPPR, etc.	Sepec infection of thedrey
FT	and Infurdations of age No month
9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Date decessed last worked et 11. Total time (years)	
11. Total time (years) this occupetion (month and year)	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance: Sacratal 5 20 and
(State or country)	
13. NAME Everly Selby	•
13. NAME Excels Selby 14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Flewille Sligger	23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Mes. Priscilla Selby (Address) West Francische med.	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BUBIAL, CREMATION, OR REMOVAL Place Visite Considered Date James 9, 1935	Manner of injury
19. UNDERTAKER Was about June. (Address) Systematics and	24. Was disease or injury in eny way related to occupation of deceased?
20. FILED Sexue BS, 1935 - alice / Costy, Registrar.	(Signed) Selab M. D. (Address) Carles relie med

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

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	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Perilonilis	3 days ago	
11			
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
N. B.—WRITE PL.	mation should	CAUSE OF I	TION is very

STATE OF	MARYLAND-	CERTIFICA	TE C	OF D	EATH
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1 6 5	. (11.3	1
06	6	U	1

1. PLACE OF DEATH			<u> </u>
County Howard			Registration Dist. No.
Village or City_Fllicott			No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U. S. If of foreign birth?
2. FULL NAME Unknown	Bov Baby	1. Far	ud si Hawer).
(a) Residence: No. Unknum			St., Ward. If nonresident give city or town and State
PERSONAL AND STATIST	CAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	OR DIVORCED	RIED, WIDOWED, (write the word)	21. DATE OF DEATH June 20 1935 (Month) (Qay) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	mine	Qo. 162	22. I HEREBY CERTIFY, That I attended deceased from Inouismed, to
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months 0	Deys O	If LESS than 1 day,hrs. ormin.	I last saw tim die ad 6-20-35, 19; death is said to have occurred on the date steted above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Oate of onset
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupetion (month and year)		me (years) t in this pation	Premature Birth approximately six months Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	own		
H 13. NAME Unknown 14. BIRTHPLACE (city or town)Unk (State or country)	nown		Name of operationOete ofWhat test confirmed diagnosis? Was there an autopsy? NO
15. MAIOEN NAME Unknown 16. BIRTHPLACE (city or town) (State or country) Unknown			23. If death wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT None (Address)			(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Piece Ellicott City Oete 6-24-35 19			Menner of injury
19. UNOERTAKER F.C. Higinbo (Address) Fllicott 20. FILED January 22, 19 3 5-60	thom Jr.	Registrar.	24. Wes disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address F. 1 1 1 70 t t City (Address F. 1 1 1 70 t t City

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

.	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	nacedell		
	Other contributory causes of importance:	COLUMN TO SERVICE	
May 1,1923	Gastroenteritis	1 year	
	nemo ^{nt}		
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	